CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin

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The Question of "Cure" of Syphilis

There is a general lack of understanding of exactly what constitutes cure in syphilis. The matter is clarified by Dr. Joseph Earle Moore, Chief of the Syphilis Division, Johns Hopkins Hospital, Baltimore, Md., who has written an editorial under the above title which was printed in the September, 1938, issue of the American Journal of Syphilis, Gonorrhea, and Venereal Diseases. The author has kindly granted permission to reprint this editorial, which follows, in the *Weekly Bulletin:*

"The publicity as to syphilis in the news and advertising columns of the lay press has aroused some grave fears in the minds of patients as to the curability of the disease. It is said, for example, that 85 per cent of cases (of early syphilis) may be 'cured' if treatment is immediate and adequate; but that this probability drops to 65 per cent if treatment is delayed a few weeks, and to 58 per cent if it is still further delayed; and that late syphilis is not generally 'curable,' though in many instances symptoms may be ameliorated.

"These statements far understate the good results securable by the treatment of syphilis, early or late, and are based on fundamental misconceptions as to what is meant by the word 'cure.'

"As generally utilized in scientific literature, 'cure' as represented by the percentage figures given above means to all intents and purposes: (1) that the patient becomes and remains symptomatically well for a lifetime; (2) that he is incapable of transmitting the infection to others; and (3) that, in addition, he becomes and remains serologically negative as to blood and spinal fluid. This last requirement, i.e., of serologic negativity, is the factor which pulls the percentage of cure down in either early or late syphilis to a point at which the figures may be very disturbing to a lay audience. It is essential to emphasize both for doctors and laymen that there are three kinds of 'cure' in syphilis. These are:

"1. *Biologic Cure*—By this is meant the eradication of the last remaining spirochete so that the patient is, with reference to his syphilitic infection, in the same state as before he acquired the disease. Biologic cure implies the existence of the other two types of cure (symptomatic and serologic), though conceivably a patient may be biologically and symptomatically cured though he is not serologically cured. This last, however, is pure theory since all the available evidence points to the fact that, if biologic cure is obtained, the patient does become and remains serologically negative. The only present proof of biologic cure is reinfection. Moreover, it is a matter of familiar knowlegde that biologic cure may be obtained only in patients whose treatment is begun early; that is, during the primary or secondary stages of the disease, and, roughly, within the first six months of infection. Certainly, if the disease has existed for two years or longer, biologic cure is perhaps never obtainable.

"2. *Serologic Cure*—This means only that the patient's laboratory tests of blood and spinal fluid become and remain persistently negative. It is not necessarily synonymous with biologic cure, since an individual may retain foci of syphilitic infection somewhere within his body and still achieve serologic cure. It is also not necessarily identical with sympto-

matic cure, since relapse or progression may occur even in the face of maintained serologic negativity.

"3. *Symptomatic Cure*—This means that the patient becomes and remains well, so far as syphilis is concerned, for the duration of his lifetime; and also that he remains noninfectious for others. Symptomatic cure is identical with biologic cure but may be also obtained in many syphilitic individuals who are not biologically cured. However, symptomatic cure is not in the least synonymous with serologic cure, since the patient may become and remain well and noninfectious for a lifetime although he still retains positivity in blood, spinal fluid, or both.

"From the standpoint of the lay public, the sort of cure which interests the layman most is not biologic or serologic cure but, instead, symptomatic cure. That is to say, the patient wants the same information with reference to syphilis that he already has with reference to tuberculosis. 'What are my chances of becoming and remaining well with no further trouble from this disease?'

"Unfortunately no definite figures exist for any phase of syphilitic infection as to the probability of symptomatic as compared with the other two types of cure after varying amounts of treatment. Nevertheless, the picture to be presented to the layman should not be based on an estimate of the percentage probability of combined biologic, serologic, and symptomatic cure, but it should instead be based on symptomatic cure alone. If this is done, the percentage probability of cure of this sort, both in early and late syphilis, is materially greater than the figures shown above. For example, in adequately treated early syphilis, whether primary or secondary, it may be safely said that 95 per cent of patients are symptomatically cured. The difference between this figure and the 58 to 85 per cent usually cited lies in the fact that the additional percentage, while symptomatically cured, are not serologically cured.

"In the late latent syphilis the percentage probability of symptomatic cure is as great as in early syphilis, i.e., 95 per cent, although the probability of combined cure drops down to an approximate 65 per cent. This 30 per cent difference is again due to the fact that many patients are symptomatically cured, though they remain serologically positive.

"In various forms of late syphilis symptomatic cure may be secured in a considerably higher proportion of cases than is commonly shown in accepted texts and in various articles in the periodic literature.

"For presentation to the lay public, stress should be laid on symptomatic cure, since what the layman, infected or uninfected, really wants to know is this, and not the scientific details of the disappearance of all spirochetes and of all positive laboratory tests. The syphilitic patient differs not at all from the tuberculosis patient. From the practical standpoint he may be cured, although he retains laboratory evidence of his disease. From theoretical and scientific standpoints, cure is much less readily attainable, but it is unwise and unnecessary to discourage the public by laying stress on theoretical and scientific rather than on practical aspects of the situation."

DEATHS FROM HEART DISEASES INCREASE

The number of deaths due to diseases of the heart and circulatory system continue to increase year by year. In 1936 there were 22,351 deaths from this cause in California and in 1937, there were 24,598 such deaths registered in the state. It is recognized that estimates of population may be inaccurate at the present time. The last federal census was taken in 1930 and in the interim there have been many changing factors that can not be estimated by any reliable statistical processes. There can be no error, however, in the percentage of deaths due to heart diseases. Each year the percentage increases and it would seem that during the coming biennial period at least one-third of all deaths registered will be due to diseases of the heart and circulatory system. In 1906 these diseases constituted 12.8 per cent of the total deaths, and in 1937, they constituted 30.6 per cent of the total deaths.

At stated intervals since the state-wide registration of vital statistics began, the percentages of deaths due to heart and circulatory system diseases are as follows:

Year	*Per cent*
1906	12.8
1910	15.7
1915	18.6
1920	17.0
1925	19.8
1930	28.5
1935	29.9
1937	30.6

Most of these deaths occur in individuals who are sixty-five years of age and over. While many deaths from heart diseases may be considered as preventable, it would seem that the great bulk of these deaths is due to a natural wearing out of the circulatory system. This indicates that the decreased numbers of deaths from tuberculosis and other preventable diseases have caused large numbers of individuals to live on into advanced age groups, finally falling victims to the natural wearing out of the circulatory machinery.

Deaths from Diseases of the Circulatory System, California, 1906-1937, Inclusive

Year	*Number*	*Rate per 100,000*
1906	3,766	185.1
1907	4,362	205.2
1908	4,540	204.9
1909	4,966	215.4
1910	5,087	212.0
1911	5,516	219.9
1912	6,376	243.7
1913	6,281	230.6
1914	6,397	225.8
1915	7,251	246.6

Year	*Number*	*Rate per 100,000*
1916	8,040	263.7
1917	7,483	237.0
1918	7,020	215.0
1919	7,773	230.4
1920	8,013	226.6
1921	8,370	222.9
1922	9,204	231.6
1923	9,632	229.7
1924	10,572	239.6
1925	11,262	243.2
1926	12,254	252.6
1927	13,571	267.7
1928	14,815	280.1
1929	15,620	283.6
1930	16,176	282.2
1931	17,027	291.2
1932	17,681	297.3
1933	18,647	307.6
1934	19,580	318.0
1935	21,718	346.1
1936	22,351	349.5
1937	24,598	376.6

TYPHOID FEVER CARRIERS IN CALIFORNIA

Comparatively few typhoid fever cases that occur in California today can be traced to either water or milk-borne epidemics. Public water supplies are almost universally safe, and it is only occasionally that milk supplies become polluted. The marked improvements in general sanitation and other environmental factors have brought typhoid fever under control.

Most cases that occur now are sporadic, and most of them can be attributed to the casual typhoid carrier. The importance of the carrier as a source of infection has become very great. There are 263 typhoid carriers on the records of the California State Department of Public Health. Of this number, some have died or have left the state. By years, these carriers were discovered as follows:

1912	1	1923	3	1932	17
1914	1	1924	42	1933	12
1916	2	1925	5	1934	11
1917	9	1926	7	1935	12
1918	5	1927	12	1936	28
1919	1	1928	12	1937	13
1920	3	1929	8	1938	25
1921	1	1930	9		
1922	2	1931	22	Total	263

Health officers report carriers to the State Department of Public Health immediately upon their discovery, and the individuals concerned are notified and the necessity for complying with instructions is carefully explained to them. The state regulations require that the typhoid carrier be placed in a modified quarantine, and he signs an agreement provided by the state, designed to protect the general public from contracting typhoid fever through association with him.

The carrier is held responsible for complying with the regulations, which are as follows:

1. Carrier to take no part in the preparation, serving, or handling of milk or other food which may be consumed by persons other than his own immediate family; and not to participate in the management of a dairy or other milk distributing plant, boarding house, restaurant, food store, or in any place where food is prepared or served, or in any occupation involving the preparation or handling of food.

2. To encourage every member of his family to be immunized against typhoid fever every three years.

3. To wash his hands thoroughly after using the toilet, and before handling food in the home.

4. To use an adequate amount of quick lime in an outdoor privy (if such must be used) and keeping same in a good sanitary condition and fly proof.

5. To keep the local health officer informed at all times of his address and any changes in occupation.

6. To report to the local health officer immediately any case of illness in family or among immediate associates.

7. To discuss problems arising concerning his carrier state with the health officers.

8. To communicate with the health officer before submitting to any type of treatment or attempted cure of the carrier condition.

9. Not to be permitted to live or work upon the premises of a dairy except with the written permission of the Director of the State Department of Public Health.

Health is the first good lent to men;
A gentle disposition then;
Next, to be rich by no by-ways;
Lastly, with friends t' enjoy our days.

—Herrick.

Oh, health! health! the blessing of the rich! the riches of the poor! Who can buy thee at too dear a rate, since there is no enjoying the world without thee. Be then not so sparing of your purses, honorable gentlemen.—Ben Johnson.

Few things are more important to a community than the health of its women. If strong is the frame of the mother, says a proverb, the son will give laws to the people. And in nations where all men give laws, all men need mothers of strong frames.—T. W. Higginson.

MORBIDITY

Complete Reports for Following Diseases for Week Ending November 19, 1938

Chickenpox

454 cases: Alameda County 8, Alameda 4, Hayward 4, Oakland 48, Pleasanton 3, Gridley 1, Contra Costa County 4, Martinez 3, Fresno County 15, Fresno 4, Humboldt County 15, Kern County 4, Bakersfield 3, Corcoran 3, Los Angeles County 8, Alhambra 2, Burbank 3, Glendale 11, Huntington Park 2, Los Angeles 25, Pasadena 4, Pomona 2, Santa Monica 3, South Pasadena 1, Whittier 1, Lynwood 1, Madera County 4, Madera 1, Mill Valley 3, Merced County 16, Monterey County 1, Orange County 6, Anaheim 1, Huntington Beach 3, Orange 1, Santa Ana 8, Plumas County 1, Riverside 1, Sacramento 1, Colton 1, Ontario 2, San Bernardino 1, San Diego County 7, Chula Vista 6, San Diego 15, San Francisco 84, San Joaquin County 11, Stockton 13, San Luis Obispo County 11, Arroyo Grande 15, Burlingame 1, Daly City 3, Santa Barbara County 4, Santa Barbara 6, Santa Clara County 6, Mountain View 1, Palo Alto 2, San Jose 4, Santa Clara 1, Sunnyvale 3, Solano County 11, Dixon 6, Sonoma County 8, Turlock 1, Tulare County 1, Woodland 1.

Diphtheria

37 cases: Oakland 2, Fresno County 1, Los Angeles County 2, Los Angeles 6, Pomona 2, Redondo 1, Monterey 3, Orange County 1, Placentia 2, Sacramento 1, San Diego 3, San Francisco 1, Santa Clara County 1, San Jose 1, Tulare County 3, Tuolumne County 1, Ventura County 4, Yuba County 2.

German Measles

25 cases: Berkeley 1, Kingsburg 3, Selma 1, Los Angeles County 5, Long Beach 1, Los Angeles 1, Orange County 1, San Diego County 1, Lodi 1, San Jose 1, Tehama County 2, Red Bluff 7.

Influenza

33 cases: Berkeley 1, Los Angeles County 3, Long Beach 2, Los Angeles 19, Madera County 3, San Diego County 1, San Diego 2, San Francisco 1, Santa Clara County 1.

Malaria

20 cases: Fresno County 2, Fresno 3, Kings County 4, Monterey County 1, Lincoln 3, Tuolumne County 7.

Measles

452 cases: Alameda 3, Berkeley 4, Oakland 53, San Leandro 1, Contra Costa County 4, Concord 1, Long Beach 4, Los Angeles 5, Hawthorne 1, Merced County 2, Orange County 1, Santa Ana 1, Plumas County 2, Sacramento 2, Colton 3, San Diego County 1, San Diego 39, San Francisco 280, Lodi 1, Stockton 7, Santa Maria 1, Santa Clara County 20, San Jose 10, Santa Clara 1, Sierra County 1, Red Bluff 2, Tuolumne County 1, Ventura County 1.

Mumps

541 cases: Alameda County 18, Alameda 2, Albany 13, Berkeley 89, Emeryville 3, Oakland 119, Piedmont 3, San Leandro 5, Contra Costa County 17, Concord 2, Pittsburg 5, Richmond 3, Walnut Creek 9, Fresno County 5, Fresno 2, Kern County 14, Los Angeles County 13, Arcadia 2, Beverly Hills 2, Inglewood 1, Long Beach 3, Los Angeles 15, Pasadena 7, Pomona 1, Sierra Madre 1, South Pasadena 1, South Gate 1, Mendocino County 6, Merced County 26, Los Banos 3, Merced 26, Napa 7, Orange County 1, Santa Ana 3, Riverside 10, Indio 1, Sacramento County 1, Sacramento 3, San Diego County 4, San Diego 8, San Francisco 16, San Joaquin County 2, Lodi 1, Stockton 8, Santa Barbara 6, Santa Clara County 3, San Jose 7, Sierra County 5, Tulare County 13, Dinuba 16, Exeter 7, Ventura County 1, Yuba County 1.

Pneumonia (Lobar)

38 cases: Berkeley 1, Oakland 1, Antioch 1, Concord 1, Imperial County 1, Los Angeles County 4, Alhambra 1, Huntington Park 1, Los Angeles 15, Pasadena 1, Santa Monica 1, Madera County 2, Fullerton 1, Santa Ana 1, Riverside County 1, Sacramento 1, San Francisco 2, Tulare County 1, Oxnard 1.

Scarlet Fever

221 cases: Alameda County 1, Alameda 1, Berkeley 1, Livermore 1, Oakland 3, Gridley 1, Fresno County 8, Fresno 3, Calexico 1, Kern County 4, Los Angeles County 47, Alhambra 2, Beverly Hills 1, Compton 1, Glendale 2, Glendora 1, Huntington Park 2, Inglewood 2, Long Beach 5, Los Angeles 39, Montebello 1, Pasadena 4, Pomona 2, San Gabriel 1, Santa Monica 2, Whittier 1, Torrance 2, Lynwood 1, South Gate 1, Maywood 1, Gardena 1, Merced County 4, Orange County 4, Anaheim 3, Santa Ana 4, Placentia 2, Tustin 1, Placer County 2, Riverside County 2, Hemet 1, Palm Springs 1, Sacramento 1, San Bernardino 1, Escondido 1, San Diego 8, San Francisco 9, San Joaquin County 3, Stockton 1, Daly City 1, Santa Barbara County 1, Santa Barbara 7, Santa Clara County 3, San Jose 3, Santa Cruz County 1, Stanislaus County 4, Tehama County 1, Red Bluff 1, Tulare County 3, Dinuba 2, Santa Paula 1, Yuba County 2.

Smallpox

1 case: Sacramento.

Typhoid Fever

8 cases: Fresno County 2, Los Angeles 1, Merced County 1, Riverside County 1, San Francisco 2, Arroyo Grande 1.

Whooping Cough

132 cases: Alameda County 2, Berkeley 3, Oakland 3, Fresno County 2, Fresno 1, Los Angeles County 8, Alhambra 1, Glendale 2, Los Angeles 12, Pasadena 2, San Fernando 1, Santa Monica 1, Madera County 1, Merced County 2, Orange County 3, Santa Ana 3, Indio 3, Sacramento 3, Colton 1, San Bernardino 1, San Diego County 2, Oceanside 2, San Diego 7, San Francisco 20, Santa Barbara County 1, Lompoc 13, Santa Barbara 2, Sonoma County 9, Tulare County 2, Porterville 1, Ventura County 1, Oxnard 5, Santa Paula 1, Yolo County 2, Yuba County 9.

Meningitis (Epidemic)

One case: Riverside County.

Dysentery (Amoebic)

7 cases: Fresno County 1, Kings County 1, Los Angeles County 1, Long Beach 1, Los Angeles 1, Ontario 1, San Francisco 1.

Dysentery (Bacillary)

15 cases: Los Angeles 6, Pasadena 1, Sonoma County 7, California 1.*

Leprosy

One case: San Francisco.

Poliomyelitis

2 cases: Culver City 1, Mono County 1.

Tetanus

One case: Los Angeles.

Trachoma

26 cases: Fresno 20, Los Angeles 1, Indio 4, Tulare County 1.

Paratyphoid Fever

One case: Oakland.

Botulism

One case: Los Angeles.

Jaundice (Epidemic)

One case: Los Angeles County.

Food Poisoning

One case: San Francisco.

Undulant Fever

6 cases: El Dorado County 1, Long Beach 2, Los Angeles 1, Pasadena 1, Monterey Park 1.

Tularemia

2 cases: Susanville 1, Lindsay 1.

Coccidioidal Granuloma

5 cases: Kern County 3, Delano 1, Merced County 1.

Septic Sore Throat

8 cases: Bakersfield 1, Los Angeles County 1, Orange County 3, Riverside County 3.

Rabies (Animal)

31 cases: Fresno 1, Kern County 1, Bakersfield 2, Kings County 1, Los Angeles County 6, Los Angeles 7, Manhattan 1, Santa Monica 1, Monterey Park 1, San Jose 1, Stanislaus County 7, Tulare County 1, Tulare 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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